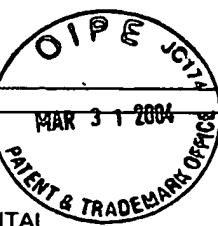


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| FORM PTO-1449  |     |                  | ATTY. DOCKET NO.<br>1735.0410002/RWE/CJW  |              | APPLICATION NO.<br>09/705,840 |           |             |
| FOURTH SUPPLEMENTAL<br>INFORMATION DISCLOSURE STATEMENT  |     |                  | FIRST NAMED INVENTOR<br>Drewe et al.  |              |                               |           |             |
| FILING DATE<br>November 6, 2000  |     | ART UNIT<br>1625 |   |              |                               |           |             |
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| EXAMINER INITIAL   |     | DOCUMENT NUMBER  | DATE  | COUNTRY      | CLASS                         | SUB-CLASS | TRANSLATION |
|  | AL  |                  |   |              |                               |           | Yes         |
|  | AM  |                  |   |              |                               |           | No          |
|  | AN  |                  |   |              |                               |           | Yes         |
|  | AO  |                  |   |              |                               |           | No          |
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| FOURTH SUPPLEMENTAL<br>INFORMATION DISCLOSURE STATEMENT |  | FIRST NAMED INVENTOR<br>Drewe et al.     |  |                               |  |
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|                  | AN |                 |      |         |       |           | Yes         |
|                  | AO |                 |      |         |       |           | No          |
|                  | AP |                 |      |         |       |           | Yes         |
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|                              | AH |                 |      |      |       |           |             |
|                              | AI |                 |      |      |       |           |             |
|                              | AJ |                 |      |      |       |           |             |
|                              | AK |                 |      |      |       |           |             |

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|                  | AO |                 |      |         |       |           | No          |
|                  | AP |                 |      |         |       |           | Yes         |
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